

# **Commission on Improving the Status of Children in Indiana**

## **Infant and Child Mortality and Child Health Task Force**

*Monday, July 8, 2014, 1:00 PM to 3:00 PM*

*Indiana State Board of Health, 2 North Meridian*

*Yoho Board Room (same location as April meeting)*

### **MINUTES**

#### **Welcome**

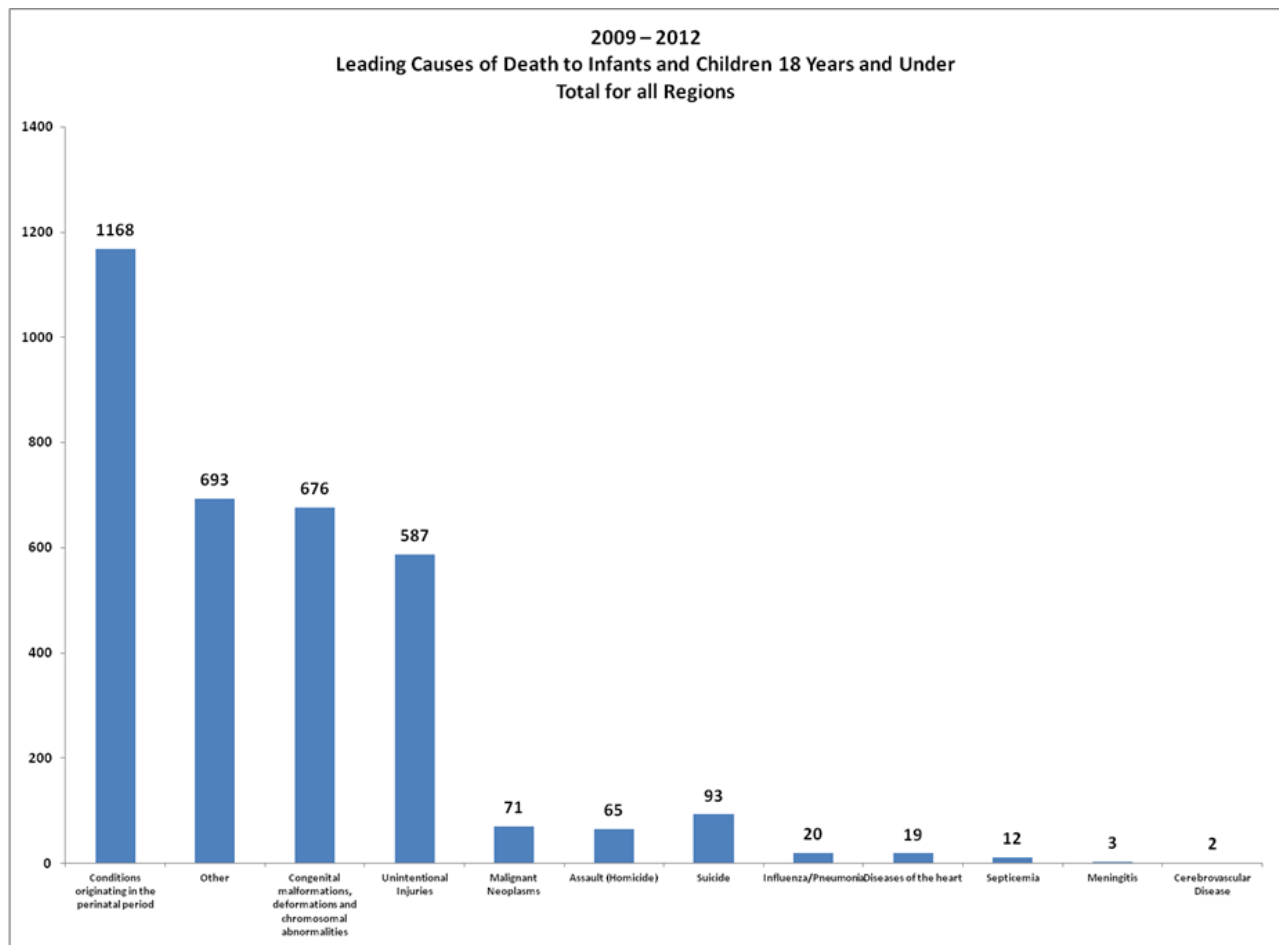
#### **Causes of Death**

**Joe Haddix, ISDH epidemiologist presented data about the causes of child death in the State of Indiana.**

The leading cause of death to Indiana children under the age of 18 are those that occur in the perinatal period, or around the time of birth (1,168 in the years 2009-2012). The second leading cause of death (693 for the years 2009-2012) is "Other," which includes various diseases such as those affecting:

- Blood and blood-forming organs, endocrine, nutritional and metabolic diseases
- Mental, behavioral and neurodevelopmental disorders
- The nervous system
- The eye and adnexa
- The ear and mastoid process
- The digestive system and many others.

These leading causes of death are followed by congenital malformations, deformations and chromosomal abnormalities (676), unintentional injuries (558), assaults (126), suicide (93), malignant neoplasm (71), influenza and pneumonia (20), heart diseases (19), septicemia (8) and meningitis (3). These causes of death (which are depicted in the chart below) do not vary significantly by region in Indiana.



## Neonatal Abstinence Syndrome (NAS)

Maria Del Rio Hoover, M.D., Newborn Services, St. Mary's Hospital for Women and Children, Evansville, Indiana presented information about NAS. Her presentation included:

Fetal exposure to NAS usually occurs for one of three reasons:

- Mothers are dependent/addicted to opioids, either prescribed or illicit
- Mothers require prescription opioids for another disease process
- Mothers receive methadone therapy to facilitate safe withdrawal from addiction to prescription or illicit opioids.

The incidence of NAS nationwide has increased from 1.20 per 1,000 hospital births per year in 2000 to 3.39 per 1,000 hospital births in 2009. The maternal use of opiates in that same time period has jumped from 1.19 per 1,000 hospital births per year to 5.63 per 1,000 hospital births per year. It should come as

no surprise then that the national cost of health care for infants diagnosed with NAS has climbed from \$190 million in 2000 to \$720 million in 2009. Specifically, Indiana ranks 9<sup>th</sup> nationally in prescribing rate per 100 persons for opioid pain relievers.

The neonatal complications arising from NAS include:

- Respiratory distress
- Tremors
- High-pitched cry
- Irritability
- Seizures
- Poor feedings
- Vomiting and diarrhea

**Next Task Force Meeting**

**Adjourn**